

Dr Carter

WASHINGTON STATE DEPARTMENT OF HEALTH

STATE
FILE NO.

7542

REG. DIST NO. D-1

CERTIFICATE OF DEATH

REGISTRAR'S NO. 37

| | | | | | |
|---|-----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>ason</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Washington</u> b. COUNTY <u>Mason</u> | | |
| b. CITY, TOWN, OR LOCATION <u>Shelton (Rural)</u> | | | c. LENGTH OF STAY IN 1b <u>9 yrs.</u> | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Star Rt. 1 Box 168</u> | | | d. STREET ADDRESS <u>Star Rt. 1 Box 168</u> | | |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | f. IS RESIDENCE ON A FARM? LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Raymond Paul Cagey</u> | | | 4. DATE OF DEATH Month Day Year <u>April 28 1961</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Indian</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/20/07</u> | 9. AGE (In years last birthday) <u>53 yrs</u> | If Under 1 Year Months Days If Under 24 Hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pruner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Xmas Tree Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>LaConner, Washington</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13. FATHER'S NAME <u>George Cagey</u> | | | 14. MOTHER'S MAIDEN NAME <u>Margaret Bob</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>535 05 9351</u> | | |
| 17. INFORMANT <u>Mrs. Mabel Cagey</u> | | | Address <u>St R. 1 Box 168 Shelton</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma left lung</u> Conditions, if any, which give rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | 20f. CITY, TOWN, OR LOCATION <u>Shelton Wash</u> | | |
| 20g. COUNTY <u>Washington</u> | | | 20h. STATE <u>Washington</u> | | |
| 21. I attended the deceased from <u>1 Nov 60</u> , to <u>28 April 61</u> and last saw <u>her</u> alive on <u>24 April 61</u> Death occurred at <u>12:30 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Wayne B Carter, M.D.</u> | | | 22b. ADDRESS <u>Shelton Wash</u> | | |
| 22c. DATE SIGNED <u>1 May 1961</u> | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>5/2/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Swinomish Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>La Conner Washington</u> |
| 24. FUNERAL DIRECTOR <u>Byrne and Batstone</u> | | | 25. DATE REC'D BY LOCAL REG. <u>5-2-61</u> | | |
| 26. REGISTRAR'S SIGNATURE <u>Heleen K. Hanson</u> | | | | | |

I. B. TRANS.